

# **NEW JERSEY STATE COMMISSION ON CANCER RESEARCH**

## **GRANT APPLICATION**

### **INSTRUCTIONS AND TABLE OF CONTENTS**

Please follow these instructions carefully.

- A. The following pages are to be used for the grant application. Photocopies of the continuation page should be made for the typist. Each page must be numbered; narrative sections should be single spaced.
- B. The original (signed) and 5 copies of all sections of the application must be forwarded to:  

Executive Director  
New Jersey Commission on Cancer Research  
28 West State Street, 5th Floor, Room 504  
P.O. Box 360  
Trenton, NJ 08625-0360
- C. One copy must be emailed to [NJCCR@doh.state.nj.us](mailto:NJCCR@doh.state.nj.us).
- D. Check appropriate grant sections for proprietary information; see Grant Policies and Guidelines.

Enclosed is a brochure provided by the Commission, which outlines the application process. This brochure should be read carefully before completing the application form.

Be sure to make a photocopy of the grant application for your records.

The Commission wishes to express its appreciation for your interest.

# NEW JERSEY STATE COMMISSION ON CANCER RESEARCH

## GRANT APPLICATION

### TABLE OF CONTENTS

Number pages consecutively at the bottom throughout the application. Also, insert the application page numbers below. Do not use suffixes such as 5a, 5b. Type the name of the Principal Investigator/Program Director at the top of each printed page and each continuation page.

Check the appropriate sections with proprietary information; see Grant Policies and Guidelines

	Page Numbers (To be completed)	Checked (✓) Pages Have Proprietary Information
<b>Section 1.</b>		
Grant Application.....	_____	
Abstract of Research Plan .....	_____	
Lay Abstract .....	_____	
Detailed Budget for First 12 Months.....	_____	
Entire Proposed Budget.....	_____	
Biographical Sketch - Principal Investigator.....	_____	
Program Director - (May attach additional pages, but do not exceed two pages.).....	_____	
Other Support .....	_____	
Resources and Environment (not to exceed two pages).....	_____	
Certification of Animal Welfare .....	_____	
Certification of Protection of Human Subject/ Recombinant DNA .....	_____	
Equipment Certification.....	_____	
List of Potential Reviewers (one copy).....	_____	

**Section 2. [To be attached. Do not exceed 10 typewritten pages (MS Word preferred), except Literature Cited, Publications, and Graphics.]**

A. Specific Aims.....	_____	_____
B. Significance.....	_____	_____
C. Progress Report/Preliminary Studies .....	_____	_____
D. Experimental Design and Methods .....	_____	_____
E. Literature Cited .....	_____	_____

**Section 3.**

Appendix - No page numbering necessary for Appendix

Number of Publications:	_____
Number of Manuscripts:	_____
Other Items (list):	_____

Schedule D, G, H, I (Department of Health and Senior  
Services requirements - an original and two copies)

## GRANT APPLICATION

☐ Breast Cancer    ☐ Prostate Cancer    ☐ Other

***(Follow instructions carefully.)***

STATE USE ONLY	
Number	Date Received
Spending Plan Number	
Funding Authorization Number(s)	

1. TITLE OF APPLICATION (Do not exceed 60 typewriter spaces)					
PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR					
2. NAME (Last, First, Middle)				2a. EMAIL ADDRESS	
3. POSITION TITLE		4. MAILING ADDRESS (Street, City, State, Zip Code)			
5. DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT					
6. DATES OF ENTIRE PROPOSED PROJECT PERIOD From:                      Through:		7. TELEPHONE (Area Code, Number and Extension)			
8. PERFORMANCE SITES (Organization and Address)		9. TOTAL COSTS REQUESTED FOR FIRST 12-MONTH BUDGET PERIOD  \$ _____		10. TOTAL COSTS REQUESTED FOR ENTIRE PROPOSED PROJECT PERIOD  \$ _____	
11. TYPE OF ORGANIZATION		12. TYPE REQUEST <input type="checkbox"/> New Request <input type="checkbox"/> Renewal-Grant No. _____ <input type="checkbox"/> Multi-Year <input type="checkbox"/> Modification-Grant No. _____			
13. AGENCY FISCAL YEAR ENDS  /     /		14. AGENCY ACCOUNTING SYSTEM <input type="checkbox"/> Cash Basis <input type="checkbox"/> Other-Specify below: <input type="checkbox"/> Accrual Basis          _____		15. AFFIRMATIVE ACTION PLAN  <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. OFFICIAL IN BUSINESS OFFICE TO BE NOTIFIED IF AN AWARD IS MADE (Name, Title, Address and Telephone No.)		17. APPLICANT ORGANIZATION (Name and Address)			
		18. EMPLOYER ID NUMBER			
19. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.					
20. SIGNATURE OF PERSON NAMED IN 2 (In ink; "Per" signature not acceptable.)				21. DATE  /     /	
22. CERTIFICATION: The applicant certifies that to the best of his/her knowledge and belief, all data supplied in this application and attachments are true and correct, the documentation has been duly authorized by the governing body of the applicant and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions and other policies, regulations and rules issued by the New Jersey State Commission on Cancer Research for the administration of NJCCR research grants which include provisions described in the NJCCR grant application instructions.					
23. NAME OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Print)		24. TITLE			
25. SIGNATURE OF OFFICIAL				26. DATE OF APPLICATION  /     /	

**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

**ABSTRACT OF RESEARCH PLAN**

Key Professional Personnel Engaged on Project		
Name	Position Title	Department and Organization

**ABSTRACT OF RESEARCH PLAN:** State the application's long-term objectives and specific aims, making reference to the cancer relatedness of the project, and describe concisely the methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. The abstract is meant to serve as a succinct and accurate description of the proposed work when separated from the application. **DO NOT EXCEED THE SPACE PROVIDED ON THIS PAGE.**

Vertebrate Animals Involved?      ☐ Yes      ☐ No      If "Yes," identify by common names and underline primates.

**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

**LAY ABSTRACT OF RESEARCH PROJECT**

Please describe your research project in simple, non-technical language that is understandable by a person not trained in science. Include in your discussion: 1) the significance of your project to the problem of human cancer; 2) how it might help contribute to the etiology, prevention, early detection, improved treatment or possible cure of cancer; and 3) any special value it might have for the citizens of New Jersey. This abstract is meant to serve as a public description of the proposed research and, should the award be made, it will be used in press releases and various NJCCR publications.

Project Title (Do not exceed 52 spaces)

Please provide a one sentence description of your project

Description (Do not exceed space provided on this page. Type in single spaced format.)

**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

**DETAILED BUDGET FOR FIRST 12 MONTH BUDGET PERIOD**

From	Through	Dollar Amount Requested (omit cents) \$		
<b>Personnel ( Applicant Organization Only)</b>				
<b>Name</b>	<b>Position Title</b>	<b>Time %</b>	<b>Effort Hours Per Week</b>	<b>Total Salary Plus Fringe Benefits</b>
	<b>Principal Investigator</b>			
<b>Sub-Total</b>				
Equipment (Itemize)				
Supplies (Itemize by category)				
Travel				
Other Expenses (Itemize by category)				
Total Direct Costs				\$
Total Indirect Costs (10% of Direct Costs)				\$
Total Direct and Indirect Costs for the First Year				\$

**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD**

<b>Budget Category Totals</b>	<b>First Budget Period (From Previous Page)</b>	<b>Additional Year of Support Requested 2nd</b>
Personnel (Salary and Fringe Benefits)		
Equipment		
Supplies		
Travel		
Other Expenses		
Total Direct Costs		
Indirect Costs (10% of Direct Costs)		
Total for Entire Proposed Project Period (Direct and Indirect Costs) (Also enter on Page 3, Item 10)		

Justification (limit to one continuation page):

Describe the specific functions of the personnel. If a recurring annual increase in personnel costs is anticipated, give the percentage. For both years, justify any costs for which the need may not be obvious. For any additional years of support requested, justify any significant increases in any category over the first 12-month budget period.

**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

**BIOGRAPHICAL SKETCH**

Give the following information for key professional personnel listed on the Abstract of Research Plan,  
beginning with the Principal Investigator/Principal Director. Repeat this page for each person.

Name	Title	Birthdate ( <i>Mo./Day/Year</i> )	
<i>Education (Begin with baccalaureate or other initial professional education and include postdoctoral training)</i>			
<b>Institution and Location</b>	<b>Degree</b>	<b>Year Conferred</b>	<b>Field of Study</b>

**Research and/or Professional Experience**

Concluding with present position, list in chronological order previous employment, experience, and honors. List in chronological order, the titles and complete references to all relevant publications. Attach one page as necessary.



**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

**OTHER SUPPORT**

For each of the professionals named in the Abstract of Research Plan, list, in three separate groups: (1) active support; (2) applications and proposals pending review or funding; (3) applications and proposals planned or being prepared for submission. Include all Federal, non-Federal, and institutional grant and contract support. If none, state "None." For each item, give the source of support, identifying number, project title, name of principal investigator/program director, time or percent of effort on the project by professional named, annual direct costs, and entire period of support. (If part of a larger project, provide the titles of both the parent project and the subproject and give the annual direct costs for each.) Describe the contents of each item listed. If any of these overlap, duplicate, or are being replaced or supplemented by the present application, delineate and justify the nature and extent of the scientific and budgetary overlaps or boundaries. DO NOT EXCEED SPACE PROVIDED.

(1) Active Support

**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

**OTHER SUPPORT, Continued**

**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

**OTHER SUPPORT, Continued**

**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

**OTHER SUPPORT, Continued**

**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

**RESOURCES AND ENVIRONMENT**

**FACILITIES:** Mark the facilities to be used at the applicant organization and briefly indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project. Use "other" to describe the facilities at any other performance sites, and at sites for field studies. Use one continuation page if necessary.

☐ Laboratory:

☐ Clinical:

☐ Animal:

☐ Computer:

☐ Office:

☐ Other: (\_\_\_\_)

**MAJOR EQUIPMENT:** List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

**ADDITIONAL INFORMATION:** Provide any other information describing the environment for the project. Identify support services such as consultants, secretarial, machine shop and electronics shop, and the extent to which they will be available to the project.

Principal Investigator/Program Director or Award Candidate (Last, First, Middle)		
Title		
<p>It is the responsibility of the research institution as the awardee of an NJCCR grant to assure proper care and treatment of all laboratory animals used in any NJCCR sponsored research. Any applications involving laboratory animals must be reviewed and approved by an appropriate institutional committee.</p> <p>Please check the appropriate statement:</p> <p><input type="checkbox"/> No laboratory animals will be used in any of the proposed activities planned in this application.</p> <p><input type="checkbox"/> Laboratory animals will be used in the proposed activities planned in this application. (If marked, you must complete all information below.)</p> <p>If laboratory animals are to be used, list the species and number.</p>		
<p>This is to certify that the proposed experiments on laboratory animals have been reviewed by an institutional review committee (IRB) on (date) _____, and found to be in accordance with current NIH policy.</p>		
Name of Authorized Institutional Official (Print)	Title	
Signature		Date

**New Jersey State Commission on Cancer Research**  
**CERTIFICATION FOR THE PROTECTION OF HUMAN SUBJECTS**  
**AND**  
**CERTIFICATION FOR CONTAINMENT OF RECOMBINANT DNA RESEARCH**

Principal Investigator/Program Director or Award Candidate (Last, First, Middle)		
Title		
<p style="text-align: center;"><b>CERTIFICATION FOR THE PROTECTION OF HUMAN SUBJECTS</b></p> <p>It is the responsibility of the research institution as the awardee of an NJCCR grant to assure that the rights and welfare of all human subjects used in any NJCCR sponsored research are protected. Any applications involving human subjects must be reviewed and approved by an appropriate institutional committee.</p> <p>Please check the appropriate statement:</p> <p><input type="checkbox"/> No human subjects will be used in any of the proposed activities planned in this application.</p> <p><input type="checkbox"/> Human subjects will be used in the proposed activities planned in this application. (If marked, you must complete all information below.)</p> <p>This is to certify that the proposed activities on human subjects have been reviewed by an institutional committee (IRB) on _____ (date) and found to be in accordance with current New Jersey Department of Health and Senior Services policy. Review must be within the year preceding application activation date.</p> <p style="text-align: center;"><b>CERTIFICATION FOR CONTAINMENT OF RECOMBINANT DNA RESEARCH</b></p> <p>It is the responsibility of the research institution as an NJCCR grant awardee to assure that the physical and biological containment needed for research involving any recombinant DNA molecules is within policies set out in the current "NIH Guidelines for Research Involving Recombinant DNA Molecules."</p> <p>Please check the appropriate statement:</p> <p><input type="checkbox"/> This application does not involve any use of recombinant DNA molecules as defined by current NIH guidelines.</p> <p><input type="checkbox"/> This application involves the use of recombinant DNA molecules as defined by current NIH guidelines.</p> <p>This is to certify that the proposed activities involving recombinant DNA molecules have been reviewed by the appropriate institutional committee (IRB) on (date) _____ and found to be in accordance with current NIH guidelines. Review must be within the year preceding application activation date.</p>		
Name of Authorized Institutional Official (Print)	Title	
Signature	Date	

**New Jersey State Commission on Cancer Research**  
**CERTIFICATION OF EQUIPMENT NEEDS**

Name of Institution	
Principal Investigator/Program Director or Award Candidate (Last, First, Middle)	
Grant Title	
Cost	
Equipment Description and Justification (Include Model Number and Manufacturer)	
<b>CERTIFICATION BY PRINCIPAL INVESTIGATOR</b>	
<p><input type="checkbox"/> No comparable item exists in the department.</p> <p><input type="checkbox"/> Comparable item exists in the department but is unavailable or unsuitable for the present need because: lacks particular capability; is already fully utilized; is too far away, etc. List reason below.</p>	
Signature of Principal Investigator	Date



**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

**LIST OF SUGGESTED REVIEWERS**

Name of Applicant

Title of Proposed Project

In order to assure the strongest possible evaluation of this application, the NJCCR is offering the opportunity to list suggested scientific peers who would be able to provide a fair and equitable review of this proposal. Please list the name, address and telephone number of at least two, but no more than four, experts in this area of study. Nominees may not be employed in any non-profit research institute in New Jersey.

Name:	Name:
Title:	Title:
Address:	Address:
Telephone:	Telephone:
Name:	Name:
Title:	Title:
Address:	Address:
Telephone:	Telephone:

**Certification by Applicant**

I hereby assure that I know of no conflict of interest involving the above-mentioned individuals pertaining to the information provided in this application.

Signature of Applicant

Date

**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

**SCHEDULE D - OFFICERS AND DIRECTORS LIST**

Name of Applicant	
Title of Proposed Project	Date of Application

List below the name, title, and residence address of all officers and board members of applicant. Attach additional sheets if needed.

Name	Name
Title	Title
Residence Address	Residence Address
City State Zip Code	City State Zip Code
Name	Name
Title	Title
Residence Address	Residence Address
City State Zip Code	City State Zip Code
Name	Name
Title	Title
Residence Address	Residence Address
City State Zip Code	City State Zip Code
Name	Name
Title	Title
Residence Address	Residence Address
City State Zip Code	City State Zip Code
Name	Name
Title	Title
Residence Address	Residence Address
City State Zip Code	City State Zip Code

**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

**SCHEDULE G  
CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:
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In accordance to Federal Executive Order 12549, "Debarment and Suspension," the undersigned certifies, to the best of his or her knowledge that as an applicant, this agency or its key employees:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal Department or agency, or by the State of New Jersey;
- b. have not within a 3-year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense, in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transportation; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default.

The applicant agrees that by submitting this application, it will obtain from all its subgrantees a certification that includes without modification paragraphs (a), (b), (c), and (d) of this certification in accordance with Federal Executive Order 12549.

Name of Agency	
Name and Title of Official Signing for Agency	
Signature of Above Official	Date Signed

NOTE: The following document related to Debarment and Suspension as required by Federal regulations will be used as the basis for completion of this certification:

List of *parties excluded* from Federal Procurement or Non-Procurement Programs. This document is distributed by U.S. General Services Administration, U. S. Printing Office, Washington, D.C. This document can be acquired from the Superintendent of Documents by calling (202) 783-3238.

**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

**SCHEDULE H  
CERTIFICATION REGARDING LOBBYING**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:
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The undersigned certifies, to the best of his/her knowledge that:

- a. No grant funds awarded from federal appropriations have been paid or will be paid, by or on behalf of the grantee, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the grantee shall complete and submit the Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Contact the federal agency awarding the funds for a copy of form.
- c. The grantee shall require that the language of this compliance requirement (certification) be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This requirement (certification) is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name of Agency	
Name and Title of Official Signing for Agency	
Signature of Above Official	Date Signed

**New Jersey State Commission on Cancer Research  
GRANT APPLICATION, Continued**

**SCHEDULE I  
CERTIFICATION SHEET**

NAME OF PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

INITIALS

I certify that this agency is in possession of and will comply with the Terms and Conditions for Administration of Grants and the applicable Cost Principles.

I have read the Certification Regarding Debarment and Suspension and certify to the best of my knowledge that as an applicant this agency and its key employees are in compliance with this requirement. I will also obtain such certification from all subgrantees in accordance with Federal Executive Order 12549. This form will be maintained on file.

I have read the Certification Regarding Lobbying and, to the best of my knowledge, certify that this agency is in compliance. This form will be maintained on file.

I have read the Certification Regarding Environmental Tobacco Smoke and have determined that the provisions of the Pro-Children Act of 1994 apply to this agency and to the best of my knowledge, certify that this agency is in compliance with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. This form will be maintained on file in the agency's office.

I understand that my payments will depend on timely submission of all reports.

I have submitted a listing of the Officers and Directors and their addresses and will notify you in writing within ten days of any changes as they occur. For renewal applications, I have submitted only changes from the original submission.

I have previously completed and submitted the Agency Minority Profile.

The Statement of Local Health Officer has been sent to the Local Health Officer for signature on the date of our submission of the application to the New Jersey Department of Health and Senior Services.

I certify that this agency is not delinquent on any Federal or State debt.

As a non-profit corporation, I certify that this agency has 501(c)(3) status as required by the Internal Revenue Service and is registered as a charitable organization in accordance with N.J.S.A. 45:17A-18 et seq.

I have read, understand, and will comply with the instructions received with the grant application package.

N/A

Name of Agency	
Name and Title of Official Signing for Agency	
Signature of Above Official	Date Signed

Reporting Agency	Grant Number	Reporting Period From:	Report Number
Address	Grantee Account/Fund Number	To:	
City, State, Zip	NJDHSS Account Number(s)	Budget Period From:	Revision of Report No.
Grant Title		To:	
		Basis of Report <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	<input type="checkbox"/> FINAL

CCR-3  
NOV 02